PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents

P.O. Box 1450

Alexandria, Virginia 22313-1450

or <u>Fax</u> (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

HARVEY D. DAVIDSON 3 EL VERANO RD. ORINDA, CA 94563-1911

7590



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

anisinitied to the CSI 10 (703) 740-4000, on the date indicated below.
(Depositor's name
(Signatur
(Dat

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/700,232	11/04/2003	Harvey D. Davidson		9581

TITLE OF INVENTION: FLORIBUNDA ROSE PLANT NAMED 'HADCUP'

APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES \$320			\$300	\$620	12/27/2004
EXAMINER		ART UNIT		CLASS-SUBCLASS		
LOCKER, HOWARD J		1661		PLT-145000	_	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the na or agents (2) the na registered 2 register	nting on the patent front page, I ames of up to 3 registered pate OR, alternatively, une of a single firm (having as I attorney or agent) and the naned patent attorneys or agents. If name will be printed.	a member a 2	,

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

11/1

12/2004 ABÉTENE2 SUBUNT9 10700232	(B) RESIDENCE: (CITY and STATE OR COUNTRY)
C:1504 300.00 QP C:1506 320.00 QP Please check the appropriate assignee category or categories (will not be	printed on the patent) :
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):
☐ Issue Fee	A check in the amount of the fee(s) is enclosed.
Publication Fee (No small entity discount permitted)	Payment by credit card. Form PTO-2038 is attached.
Advance Order - # of Copies	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	□ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).
The Director of the USPTO is requested to apply the Issue Fee and Publi NOTE: The Issue Fee and Publication Fee (If required) will not be accept interest as shown by the records of the United States Patent and Tradema	ication Fee (if any) or to re-apply any previously paid issue fee to the application identified above, ated from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in ark Office.
Authorized Signature	Date 10/30/4
Typed or printed name HARVEY D. D.	WIDSON Registration No.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.